- Lack of trust among seniors and nursing colleagues, loneliness and isolation, difficulty with reporting and escalating difficulties, and communication issues were among other reported challenges.
- 7(15.6%) respondents reported having faced complaints but felt well supported by their supervisors on those occasions.
- 11(24.4%) IMG trainees had worked less than full time (LTFT) while 5 (11%) had pursued out of programme activities (OOP). 16(35.6%) trainees felt that being an IMG hindered them from working LTFT or pursuing OOP due to visa or financial restrictions.

Performance:

- 9 (20%) of the respondents have had unfavourable ARCP outcomes requiring additional training time. Difficulty in passing membership exams was quoted as the important reason for this outcome.
- Poor performance with nil achievement was reported by 32 (71%) trainees in publication, 29 (64%) trainees in research and 16 (35%) trainees in leadership domains.
- IMGs felt to be at a disadvantage in the Grid application process due to lack of recognition of their overseas experience, poor representation in management positions, inability to boost CV through OOP projects, language and communication difficulties and lack of guidance in the application processes.

Solutions

- The major sources of support were peers, consultants, and supervisors.
- Enhanced support with regards to examinations, portfolios, audits, publishing and research, having a platform to discuss IMG specific challenges, addressing bias about their capability, improving cultural awareness and nurturing a friendly and non-judgemental work environment would help to improve the performance and well-being of IMG trainees.

Conclusions Our survey finds that in addition to meeting the demands of a rigorous training programme, IMGs also face additional difficulties in the form of isolation, socio-cultural and communication issues. Further studies are needed to quantify the difficulties and performance of IMGs in paediatric training in comparison to trainees with UK primary medical qualification. Ensuring that IMGs benefit from the existing support system while exploring strategies to enable equal opportunities will help in addressing differential attainment of IMGs in paediatric training.

Quality Improvement and Patient Safety

1439

ANALYSIS OF THE CHILDREN'S ABDOMINAL PAIN PATHWAY PRE AND DURING COVID AND IMPLEMENTATION OF THE PAEDIATRIC APPENDICITIS SCORE (PAS) IN THE MID-YORKSHIRE TRUST

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Background In 2018 The Mid Yorkshire Hospital Trust (MYHT) was identified as a national outlier for its paediatric negative appendectomy rate (23%), compared to the national average of 14%. A previous audit highlighted the lack of

adherence to the pathway, with children not being reviewed by paediatricians prior to a surgical opinion, leading to delayed and inappropriate treatment. The PAS score was implemented to improve patient outcomes. An analysis occurred to establish the morbidity in children in relation to their score and adherence to the pathway. The analysis of the efficacy of the score for the accurate diagnosis and appropriate treatment was carried out in two timeframes, allowing for the impact of COVID-19 to be interpreted.

Objectives

1. To determine the prevalence of histologically negative appendicectomies pre COVID-19 and during the pandemic.
2. To evaluate the effectiveness of PAS in reducing the rates of inappropriate appendicectomies.
3. To analyse the proportion of children who can be excluded from the pathway with clear alternative diagnosis.
4. To review and initiate change in the abdominal pain pathway.

Methods Data was collected on children (N=770) presenting to MYHT A&E, Children's assessment unit (CAU) or Paediatric department with abdominal pain between 1/1/2020 to 30/6/2020. Data was collected through Symphony, PPM, ICE and Cito. The clerking documentation, PAS and results were evaluated prospectively. Data was analysed and compared based on two timeframes, pre COVID-19 (1/1/20–31/3/20) and Post the initial wave of COVID-19 (1/4/20–30/6/20). Data was interpreted by Microsoft Excel.

Results From the 770 abdominal pain presentations, 68 possible appendicitis were identified. 24.9% were NSAP and 17.9% UTI. 36 appendicitis were confirmed, 14 Pre COVID-19 and 22 Post initial wave. Three were conservatively managed, two were transferred to a tertiary centre as under five. Pre COVID-19 – 10 appendectomies, 9 histologically positive and 2 perforations (table 1). Post initial wave – 21 appendectomies, 19 histologically positive and 7 perforations. Negative appendectomies were of tubo-ovarian pathologies. 50.57% children received PAS pre COVID-19 and 62.77% during COVID-19. 25% less children presented during COVID-19 and there was a 250% increase in perforations. 85.98% followed pathway. Negative appendectomy rate following the pathway was 5%, 16.7% if not followed.

Abstract 1439 Table 1 Histologically positive appendectomies and PAS interpretation

Histologically positive and PAS	PRE-Covid	Post-initial wave	Total
0–2	0	0	0
3–6	1 (100%)	2 (66.7%)	3 (75%)
7+	5 (100%)	13 (92.3%)	18 (94.5%)
Not adhered	3 (75%)	4 (100%)	7 (87.5%)

Conclusions Only a small proportion of children presenting to secondary care with abdominal pain have appendicitis (4.7%) highlighting the importance and need to see a senior paediatrician prior to surgical review. The paediatric appendicitis score is an effective and accurate diagnostic tool when used with clinical knowledge. The increased rate of perforations indicate how the pandemic resulted in delayed presentations. Higher negative appendectomy rates occurred when the pathway was not followed. PAS needs to be added to clerking booklets and calculated for every child with suspected

appendicitis. Development of the pathway focus on adolescent females, adapting the score to differentiate tubo-ovarian pathologies and interpreting PAS score with clinical relevance when assessing septic children.

Association of Paediatric Palliative Medicine

1441

THE PALLIATIVE PICU PATHWAY; INTRODUCING END-OF-LIFE DISCUSSIONS PRIOR TO THE INTENSIVE CARE SETTING

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Background Some children have conditions which mean their lifespan is limited, and they may die in childhood. Discussions around end-of-life care can come as a shock in an acute setting where the patient is dying. The introduction to the concept of end-of-life care and the options available to the family and the child should occur before the acute setting in intensive care.

Objectives Opening opportunities for discussion of advanced care planning and emergency care planning in the appropriate setting.

Methods We identified a list of patients within the Belfast trust who with potentially life limiting medical conditions. Data was collected using NIECR (Northern Ireland Electronic Care Record) with regards to the nature of their illness, the number of PICU admissions, and whether they had an advanced care plan, or emergency care plan visible on their electronic record.

Results There were 126 patients identified with life limiting conditions in the Belfast trust.

None of these patients appeared to have Advanced Care directives.

Only 9 patients had up to date Emergency Care plans recorded on their electronic record.

Conclusions Advanced care planning gives a framework to structure possible challenges and decisions parents may have to face during the darkest hours of their lives.

In the Belfast trust, in light of the lack of formal care plans, we are implementing numerous strategies to improve the introduction of discussions regarding end-of-life care, before the patient ends up in ICU, actively dying. Using similar evidence based models for reference, we aim to devise our own palliative care bundle, which can be used throughout the trust.

Ongoing education for medical teams is also vital, and to keep the conversation going; prompts at handover during the Safety Brief, and on discharge summaries.

Expectant mothers are encouraged to have a birth plan, to inform and educate them about their birthing options and decisions they may have to face when the time comes. How is death any different? Children with life limiting illnesses are going to experience death sooner than their peers, so it is good idea for families and children to plan for the inevitable, to help them feel more empowered, when the time comes.

Association of Paediatric Emergency Medicine

1445

ASSESSING THE IMPACT THE COVID-19 PANDEMIC HAS HAD ON CHILDREN'S MENTAL HEALTH PRESENTATIONS TO A TERTIARY CHILDREN'S EMERGENCY DEPARTMENT

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Background The Covid-19 pandemic has caused widespread disruption of children and young people's (CYP) lives. The lasting effects of the pandemic have not truly been assessed. We have seen a rise in severity of mental health presentations and a trend in a younger age group presenting to the emergency department (ED).

Objectives To describe the change in mental health presentations during each UK lockdown period.

Methods Single centre retrospective chart review, in a tertiary children's hospital. All mental health presentations were included during each of the UK lockdown periods; First lockdown (23.03.2020 - 04.07.2020), Second lockdown (05.11.2020 - 02.12.2020) and Third lockdown (05.01.2021 - 08.03.2021). Data was taken from a previous comparative search of coding and clinical key words which identified all CYP presenting with a mental health issue. Electronic patient notes were used to gain data on coded diagnosis, sex, age and ethnicity. The same lockdown dates were used to compare these presentations to presentations in 2017, 2018 and 2019.

Results There has been a rise in mental health presentations during the second and third lockdown periods compared to the last four years.

	Pre-Covid 2017	Pre-Covid 2018	Pre-Covid 2019	During Covid-19
First lockdown (1)	130	185	214	146
Second lockdown (2)	54	62	58	76
Third lockdown (3)	61	108	151	200

The most common coded diagnosis during Covid-19 was Depressive disorder (69, 16.3%), Anxiety (49, 11.6%), Paracetamol overdose (86, 20.3%) and Eating Disorder (33, 7.8%). There were also diagnoses seen that did not present in 2017 - 2019 e.g. Suicidal thoughts (20, 4.7%) and mixed overdose (30, 7.1%).

The common age group seen in all three Covid lockdown periods was 15 years (Lockdown 1-44%, Lockdown 2-34.2%, Lockdown 3-25%). There were more females affected (Lockdown 1-80.1%, Lockdown 2-81.5%, Lockdown 3-74.5%) and White British were affected more (Lockdown 1-80.1%, Lockdown 2-81.5%, Lockdown 3-74.5%).

Throughout the last four years during the same three periods the similarity in age, sex and ethnicity has also been seen. The most common diagnoses seen during the last four years